



APPLICATION FOR RECORDS RETENTION SCHEDULE

Georgia Department of Labor
Employment Security Agency
Administrative Services Division
Records Management and Controls

INSTRUCTIONS: The Records Management Officer of the Agency's Records Management and Controls Unit will be of assistance in completing this form. After Division Director/Designee has signed the form, forward original to Administrative Services Division, Records Management and Controls, 130 Memorial Drive, S. W., Atlanta, Georgia 30303. Attention: Records Management Officer

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date July 13, 1982	1. Agency Address Georgia Department of Labor Special Programs Payment Unit 4th floor 254 Washington Street Atlanta, Ga 30334	Application Number 83-30	
Application Number		Date Received SEP 13 1982	Date Completed JAN 19 1983
2. Person to Contact Barbara Whitlock		Working Title Office Supervisor	Telephone Number 656-3074
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1972	Latest ---	5. Records Series Title (followed by title used in office; if different) WIN (Work Incentive Program) Recipient Payment File	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Unemployment Insurance Division sets tax rates for employers, administers a trust fund, and disburses benefits according to certain rules and regulations to persons whom through no fault of their own are unemployed. The Special Programs Payment Unit receives initial enrollment forms and establishes a payment for each individual trainee; receives and processes weekly request for training allowance and wage payments. Also processes payment of incentive allowance and training related expense allowance to participants enrolled in the Work Incentive Program. Establishes and maintains controls to prevent duplicate or overpayment, makes periodic review of records to ascertain continued eligibility for payments under different federal programs.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: payment of WIN benefits to recipients Included are: MA2147, payment questionnaire, ESA-1651, ledger sheet, ESA-1904, stop order change form to change M002, ESA-1630, memorandum for error correction, ESA-1629, irregularity and reference memo, ESA-1649, waiver WIN overpayment, ESA-1645, waiver determination, ESA-295-ESA-298, form letter memorandums, ESA-157, claims memorandum for irregularity and references, and rejection slip, memos from local offices, CT01 and CT05 printouts, copies of CETA-1 and CETA 6, basic enrollment data, cancelled check list, and occasionally an old ledger, also includes MA2-148, WIN payment card as an information card. File is arranged: full social-security number			
8. Monthly Reference Rate One to six months old <u>25</u> ; Seven to twelve months old <u>0</u> ; Thirteen to twenty-four months old <u>0</u> ; twenty-five months and older <u>10</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers <u>1</u> ; Shelves _____; Other (specify) _____			

(Over)

ESA-144 (R-5/82)
(AR-50-71)

YES	NO	10. Questionnaire (Place an "X" in the proper column)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Is this the official copy of the series? If not, where is it?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Is this a vital record?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Does this series have historical or long term research value?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	f. Is the information contained in this series ever published? If yes, attach copy.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Is this series (or a major portion of it) regularly microfilmed?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	j. Does the record series result in a computer printout? CT01 and CT05 and in Fund Control

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal Law | _____ years. | f. Federal retention instructions | 3 years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

WIN Handbook #318, IX-3, item K

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then.

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Hold until deregistered, cut-off at fiscal year end _____, then retain 3 years and until the satisfactory resolution of all audit findings, or until any payment request is resolved, any appeal or review of eligibility is resolved or until any overpayment case or investigation is resolved; then destroy.

These instructions apply to all prior and future accumulations of the series.

Division Director/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>[Signature]</i>	9-1-82	<i>[Signature]</i>	7/20/82
ESA Director (Signature)	Date	Chief, Records Management & Controls (Signature)	Date
<i>[Signature]</i>	9-7-82	<i>[Signature]</i>	7-20-82
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee	11-4-82
		Secretary of State/Designee	11/2/82
		Attorney General/Designee	1-17-83